

RADIATION MACHINE REGISTRATION**Registration number**

Requirement: Every person having physical possession or control of a radiation machine capable of producing radiation in the State of California shall complete a separate registration form for each installation within 30 days of acquisition of each radiation machine. A radiation machine is any device capable of producing X-rays when its associated control devices are operated. Each registrant shall report, within 30 days, any change in the registrant's name, address, location of the installation, or the receipt or transfer of a radiation machine.

A. Initial Registration or Current Registration (Complete A and B if this section information has changed.)			Total number of tubes	
Name of registrant		Nature of business or professional specialty		Taxpayer Identification Number
Mailing address of registrant (number and street or P.O. Box)		City	State	ZIP code
Location of installation (number, street)	City	ZIP code	Telephone number (installation) ()	
B. Changes to Registration Information			Total number of tubes	
New name of registrant		New nature of business or professional specialty		New Taxpayer Identification Number
New mailing address of registrant (number and street or P.O. Box)		New city	New state	New ZIP code
New location of installation (number, street)	New city	New ZIP code	New installation telephone number ()	
C. The information submitted on this form with its attachments is true and correct to the best of my knowledge.				
Name		Title		
Telephone number ()	Fax number ()	Email address		
Signature		Date		

Use the appropriate code number shown below when updating an attached machines inventory form.

Healing Arts Users	Use Code	Type
Bone Densitometry	32	XBD
Chest Photofluorography	04	XCH
CT Scanner	02	XCT
Dental (both human and veterinary use)	09	XDN
Dental CT Scanner	46	XDT
Fluoroscopy Only	05	XHF
Mammography	36	XMF
Interventional Mammography	39	XMJ
Research Mammography	44	XMR
Specimen Only Mammography	31	XMB
Radiography Only	01	XRA
Radiography & Fluoroscopy Combination	33	XRF
Oncology - Simulator (Fluoro or CT)	34	XSM
Oncology - Linear Accelerator	08	XTL
Oncology -Ortho Voltage	07	XTM
Oncology - Superficial Voltage (<150 kVp)	06	XTS
Veterinary Fluoroscopy	11	XVF
Veterinary Radiography	10	XVR
Veterinary Oncology -Therapy	12	XVT

For Industrial and Laboratory Users Only	Use Code	Type
Accelerator equal to or greater than 10 Mev	20	XAL
Accelerator less than 10 Mev	19	XAS
Diffraction/Fluorescence	15	XDF
Electron Microscope	14	XEM
Industrial Fluoroscopy	18	XNF
Portable Field Radiography	17	XRP
Shielded Room Radiography	16	XRS
Cabinet Radiography	16	XRS

Mail completed form and inventory attachment to:

**California Department of Health Services
Radiologic Health Branch
MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414**

For more information, go to www.dhs.ca.gov/rhb or phone (916) 327-5106.

MACHINE INVENTORY

D. Use the appropriate code number shown on the registration form when updating this machine inventory.

Name of registrant		Registration number	
Room number or storage location		Number of tubes	Type/use code
Manufacturer		Model name and number	
Control serial number	This machine has been: <input type="checkbox"/> Added <input type="checkbox"/> Deleted		Date of transfer or disposal (mm/dd/yyyy)
Received from, transferred to, or disposed at		RAD HEALTH USE ONLY	
		Machine ID number	
Room number or storage location		Number of tubes	Type/use code
Manufacturer		Model name and number	
Control serial number	This machine has been: <input type="checkbox"/> Added <input type="checkbox"/> Deleted		Date of transfer or disposal (mm/dd/yyyy)
Received from, transferred to, or disposed at		RAD HEALTH USE ONLY	
		Machine ID number	
Room number or storage location		Number of tubes	Type/use code
Manufacturer		Model name and number	
Control serial number	This machine has been: <input type="checkbox"/> Added <input type="checkbox"/> Deleted		Date of transfer or disposal (mm/dd/yyyy)
Received from, transferred to, or disposed at		RAD HEALTH USE ONLY	
		Machine ID number	
Room number or storage location		Number of tubes	Type/use code
Manufacturer		Model name and number	
Control serial number	This machine has been: <input type="checkbox"/> Added <input type="checkbox"/> Deleted		Date of transfer or disposal (mm/dd/yyyy)
Received from, transferred to, or disposed at		RAD HEALTH USE ONLY	
		Machine ID number	
Room number or storage location		Number of tubes	Type/use code
Manufacturer		Model name and number	
Control serial number	This machine has been: <input type="checkbox"/> Added <input type="checkbox"/> Deleted		Date of transfer or disposal (mm/dd/yyyy)
Received from, transferred to, or disposed at		RAD HEALTH USE ONLY	
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